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CONFIRMATION NO. 8093

SERIAL NUMBER 10/635,333	FILING OR 371(c) DATE 08/06/2003 RULE	CLASS 435	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. 010023-000150						
APPLICANTS John H. Crowe, Davis, CA; Fern Tablin, Davis, CA; Willem Wolkers, Davis, CA; Naomi Walker, Davis, CA;										
** CONTINUING DATA ***** This application is a CIP of 10/052,162 01/16/2002 PAT 6,770,478										
** FOREIGN APPLICATIONS *****										
** SMALL ENTITY **										
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 48	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 7						
ADDRESS 20350										
TITLE Therapeutic platelets and methods										
FILING FEE RECEIVED 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1" style="width: 100%;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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